



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2009
OF THE CONDITION AND AFFAIRS OF THE

Priority Health Government Programs, Inc.

| | | | | | | |
|---------------------------------------|---|----------------|-------------------|--|----------------------|------------|
| NAIC Group Code | 3383 | 3383 | NAIC Company Code | 11520 | Employer's ID Number | 32-0016523 |
| | (Current Period) | (Prior Period) | | | | |
| Organized under the Laws of | Michigan | | | State of Domicile or Port of Entry | Michigan | |
| Country of Domicile | United States | | | | | |
| Licensed as business type: | Life, Accident & Health [] Property/Casualty [] Dental Service Corporation [] Vision Service Corporation [] Other [] Health Maintenance Organization [X] Hospital, Medical & Dental Service or Indemnity [] Is HMO, Federally Qualified? Yes [] No [X] | | | | | |
| Incorporated/Organized | 06/03/2002 | | | Commenced Business | 10/01/2002 | |
| Statutory Home Office | 1231 East Beltline NE | | | Grand Rapids, MI 49525-4501 | | |
| | (Street and Number) | | | (City or Town, State and Zip Code) | | |
| Main Administrative Office | 1231 East Beltline NE | | | | | |
| | Grand Rapids, MI 49525-4501 | | | 616-942-0954 | | |
| | (City or Town, State and Zip Code) | | | (Area Code) (Telephone Number) | | |
| Mail Address | 1231 East Beltline NE | | | Grand Rapids, MI 49525-4501 | | |
| | (Street and Number or P.O. Box) | | | (City or Town, State and Zip Code) | | |
| Primary Location of Books and Records | 1231 East Beltline NE | | | | | |
| | Grand Rapids, MI 49525-4501 | | | 616-464-8926 | | |
| | (City or Town, State and Zip Code) | | | (Area Code) (Telephone Number) | | |
| Internet Website Address | www.priority-health.com | | | | | |
| Statutory Statement Contact | Kristy Lynn Shoemaker | | | 616-464-8926 | | |
| | (Name) | | | (Area Code) (Telephone Number) (Extension) | | |
| | kristy.shoemaker@priority-health.com | | | 616-942-7916 | | |
| | (E-mail Address) | | | (FAX Number) | | |

OFFICERS

| | | | |
|-------------------|-------------------------------------|-------------------|-------------------------------------|
| Name | Title | Name | Title |
| Kimberly K Horn | President / Chief Executive Officer | Gregory A Hawkins | Treasurer / Chief Financial Officer |
| Judith W Hooyenga | Secretary | | |

OTHER OFFICERS

| | | | |
|---------------|----------------|--|--|
| James F Byrne | Vice President | | |
|---------------|----------------|--|--|

DIRECTORS OR TRUSTEES

| | | | |
|---------------|-------------------|-----------------|-------------------|
| James F Byrne | Gregory A Hawkins | Kimberly K Horn | James S Slubowski |
|---------------|-------------------|-----------------|-------------------|

State ofMichigan.....

ss

County ofKent.....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

| | | |
|-------------------------------------|-------------------------------------|--------------------|
| Kimberly K. Horn | Gregory A. Hawkins | Judith W. Hooyenga |
| President / Chief Executive Officer | Treasurer / Chief Financial Officer | Secretary |

Subscribed and sworn to before me this
day of February, 2010

a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached

Catherine H. Sochanek
Executive Administrative Assistant
05/12/2016

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

19

19

19

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Priority Health Government Programs, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Priority Health Government Programs, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

| Description | 1 | 2 | 3 | 4 | 5 | 6 |
|--|------|--------------|--------------------------|------------------------------|---------------------|---------------------|
| | Cost | Improvements | Accumulated Depreciation | Book Value Less Encumbrances | Assets Not Admitted | Net Admitted Assets |
| 1. Administrative furniture and equipment | NONE | | | | | |
| 2. Medical furniture, equipment and fixtures | | | | | | |
| 3. Pharmaceuticals and surgical supplies | | | | | | |
| 4. Durable medical equipment | | | | | | |
| 5. Other property and equipment | | | | | | |
| 6. Total | 0 | 0 | 0 | 0 | 0 | 0 |



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Priority Health Government Programs, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | 2. | | | | | | | | | | | | | | | | | |
|---|--|------|--|-----------------------------------|--|---------------------------------------|--|-------|--|------------------------|------------|----------------|--|----------------|--|--|--|-------------------------|--|-----------------------|--|
| NAIC Group Code | | 3383 | | BUSINESS IN THE STATE OF Michigan | | DURING THE YEAR 2009 | | | | | (LOCATION) | | | | | | | | | | |
| | | | | 1 | | Comprehensive (Hospital & Medical) | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | |
| | | | | | | 2 | | 3 | | | | | | | | | | | | | |
| | | | | Total | | Individual | | Group | | Medicare Supplement | | Vision Only | | Dental Only | | Federal Employees Health Benefit Plan | | Title XVIII Medicare | | Title XIX Medicaid | |
| Total Members at end of: | | | | | | | | | | | | | | | | | | | | | |
| 1. Prior Year | | | | 55,117 | | 1,400 | | | | | | | | | | | | 53,717 | | | |
| 2. First Quarter | | | | 57,619 | | 1,466 | | | | | | | | | | | | 56,153 | | | |
| 3. Second Quarter | | | | 60,768 | | 1,522 | | | | | | | | | | | | 59,246 | | | |
| 4. Third Quarter | | | | 61,895 | | 1,488 | | | | | | | | | | | | 60,407 | | | |
| 5. Current Year | | | | 62,884 | | 1,662 | | | | | | | | | | | | 61,222 | | | |
| 6. Current Year Member Months | | | | 720,885 | | 18,356 | | | | | | | | | | | | 702,529 | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | | | | | | | |
| 7. Physician | | | | 598,067 | | 8,208 | | | | | | | | | | | | 589,859 | | | |
| 8. Non-Physician | | | | 43,516 | | 597 | | | | | | | | | | | | 42,919 | | | |
| 9. Total | | | | 641,583 | | 8,805 | | 0 | | 0 | | 0 | | 0 | | 0 | | 632,778 | | 0 | |
| 10. Hospital Patient Days Incurred | | | | 19,020 | | 21 | | | | | | | | | | | | 18,999 | | | |
| 11. Number of Inpatient Admissions | | | | 5,251 | | 17 | | | | | | | | | | | | 5,234 | | | |
| 12. Health Premiums Written (b) | | | | 174,559,196 | | 1,566,424 | | | | | | | | | | | | 172,992,772 | | | |
| 13. Life Premiums Direct | | | | 0 | | | | | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | 0 | | | | | | | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | 174,350,811 | | 1,564,114 | | | | | | | | | | | | 172,786,697 | | | |
| 16. Property/Casualty Premiums Earned | | | | 0 | | | | | | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | 140,384,598 | | 1,061,606 | | | | | | | | | | | | 139,322,992 | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | 141,625,878 | | 1,156,189 | | | | | | | | | | | | 140,469,689 | | | |

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 0



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Priority Health Government Programs, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| 2. | | | | | | | | | | | | | |
|---|--|--|----------------------|--|--|--|--|--|--|--|--|--|--|
| REPORT FOR: 1. CORPORATION | | | 2. | | | | | | | | | | |
| Priority Health Government Programs, Inc. | | | | | | | | | | | | | |
| NAIC Group Code | | | NAIC Company Code | | | | | | | | | | |
| 3383 | | | 11520 | | | | | | | | | | |
| BUSINESS IN THE STATE OF Consolidated | | | (LOCATION) | | | | | | | | | | |
| 1 | | | DURING THE YEAR 2009 | | | | | | | | | | |
| 2 | | | NAHC Company Code | | | | | | | | | | |
| 3 | | | 11520 | | | | | | | | | | |
| 4 | | | 11520 | | | | | | | | | | |
| 5 | | | 11520 | | | | | | | | | | |
| 6 | | | 11520 | | | | | | | | | | |
| 7 | | | 11520 | | | | | | | | | | |
| 8 | | | 11520 | | | | | | | | | | |
| 9 | | | 11520 | | | | | | | | | | |
| 10 | | | 11520 | | | | | | | | | | |
| 11 | | | 11520 | | | | | | | | | | |
| 12 | | | 11520 | | | | | | | | | | |
| 13 | | | 11520 | | | | | | | | | | |
| 14 | | | 11520 | | | | | | | | | | |
| 15 | | | 11520 | | | | | | | | | | |
| 16 | | | 11520 | | | | | | | | | | |
| 17 | | | 11520 | | | | | | | | | | |
| 18 | | | 11520 | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____ 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ _____ 0

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S-Part 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

| | 1 2009 | 2 2008 | 3 2007 | 4 2006 | 5 2005 |
|--|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums..... | 2 | 2 | 2 | 2 | 2 |
| 2. Title XVIII-Medicare..... | 0 | 0 | 0 | 0 | 0 |
| 3. Title XIX-Medicaid..... | 206 | 186 | 165 | 155 | 131 |
| 4. Commissions and reinsurance expense allowance..... | 0 | 0 | 0 | 0 | 0 |
| 5. Total hospital and medical expenses..... | 0 | 0 | 0 | 0 | 0 |
| B. BALANCE SHEET ITEMS | | | | | |
| 6. Premiums receivable | 0 | 0 | 0 | 0 | 0 |
| 7. Claims payable..... | 0 | 0 | 0 | 0 | 0 |
| 8. Reinsurance recoverable on paid losses..... | 0 | 0 | 0 | 0 | 0 |
| 9. Experience rating refunds due or unpaid..... | 0 | 0 | 0 | 0 | 0 |
| 10. Commissions and reinsurance expense allowances unpaid..... | 0 | 0 | 0 | 0 | 0 |
| 11. Unauthorized reinsurance offset..... | 0 | 0 | 0 | 0 | 0 |
| C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 12. Funds deposited by and withheld from (F)..... | 0 | 0 | 0 | 0 | 0 |
| 13. Letters of credit (L)..... | 0 | 0 | 0 | 0 | 0 |
| 14. Trust agreements (T)..... | 0 | 0 | 0 | 0 | 0 |
| 15. Other (O) | 0 | 0 | 0 | 0 | 0 |

SCHEDULE S-PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

| | 1 | 2 | 3 |
|--|-------------------------------|----------------------------|------------------------------|
| | As Reported (net of ceded) | Restatement Adjustments | Restated (gross of ceded) |
| ASSETS (Page 2, Col. 3) | | | |
| 1. Cash and invested assets (Line 10) | 30,721,278 | 208,385 | 30,929,663 |
| 2. Accident and health premiums due and unpaid (Line 13)..... | 1,369,658 | | 1,369,658 |
| 3. Amounts recoverable from reinsurers (Line 14.1)..... | 0 | | 0 |
| 4. Net credit for ceded reinsurance..... | XXX | (208,385) | (208,385) |
| 5. All other admitted assets (Balance)..... | 2,153,216 | | 2,153,216 |
| 6. Total assets (Line 26) | 34,244,152 | 0 | 34,244,152 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 7. Claims unpaid (Line 1)..... | 14,530,729 | 0 | 14,530,729 |
| 8. Accrued medical incentive pool and bonus payments (Line 2)..... | 313,404 | | 313,404 |
| 9. Premiums received in advance (Line 8)..... | 365,735 | | 365,735 |
| 10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)..... | 0 | | 0 |
| 11. Reinsurance in unauthorized companies (Line 18)..... | 0 | | 0 |
| 12. All other liabilities (Balance)..... | 2,371,826 | | 2,371,826 |
| 13. Total liabilities (Line 22)..... | 17,581,694 | 0 | 17,581,694 |
| 14. Total capital and surplus (Line 31)..... | 16,662,458 | XXX | 16,662,458 |
| 15. Total liabilities, capital and surplus (Line 32) | 34,244,152 | 0 | 34,244,152 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 16. Claims unpaid..... | 0 | | |
| 17. Accrued medical incentive pool..... | 0 | | |
| 18. Premiums received in advance | 0 | | |
| 19. Reinsurance recoverable on paid losses | 0 | | |
| 20. Other ceded reinsurance recoverables | (208,385) | | |
| 21. Total ceded reinsurance recoverables | (208,385) | | |
| 22. Premiums receivable | 0 | | |
| 23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers | 0 | | |
| 24. Unauthorized reinsurance | 0 | | |
| 25. Other ceded reinsurance payables/offsets | 0 | | |
| 26. Total ceded reinsurance payables/offsets | 0 | | |
| 27. Total net credit for ceded reinsurance | (208,385) | | |

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

| States, Etc. | | Direct Business Only | | | | | |
|------------------------------------|----------|-----------------------------------|-------------------------------------|---|---|---------------------------|--------|
| | | 1 | 2 | 3 | 4 | 5 | 6 |
| | | Life (Group and Individual) | Annuities (Group and Individual) | Disability Income (Group and Individual) | Long-Term Care (Group and Individual) | Deposit-Type Contracts | Totals |
| 1. Alabama | AL | | | | | | 0 |
| 2. Alaska | AK | | | | | | 0 |
| 3. Arizona | AZ | | | | | | 0 |
| 4. Arkansas | AR | | | | | | 0 |
| 5. California | CA | | | | | | 0 |
| 6. Colorado | CO | | | | | | 0 |
| 7. Connecticut | CT | | | | | | 0 |
| 8. Delaware | DE | | | | | | 0 |
| 9. District of Columbia | DC | | | | | | 0 |
| 10. Florida | FL | | | | | | 0 |
| 11. Georgia | GA | | | | | | 0 |
| 12. Hawaii | HI | | | | | | 0 |
| 13. Idaho | ID | | | | | | 0 |
| 14. Illinois | IL | | | | | | 0 |
| 15. Indiana | IN | | | | | | 0 |
| 16. Iowa | IA | | | | | | 0 |
| 17. Kansas | KS | | | | | | 0 |
| 18. Kentucky | KY | | | | | | 0 |
| 19. Louisiana | LA | | | | | | 0 |
| 20. Maine | ME | | | | | | 0 |
| 21. Maryland | MD | | | | | | 0 |
| 22. Massachusetts | MA | | | | | | 0 |
| 23. Michigan | MI | | | | | | 0 |
| 24. Minnesota | MN | | | | | | 0 |
| 25. Mississippi | MS | | | | | | 0 |
| 26. Missouri | MO | | | | | | 0 |
| 27. Montana | MT | | | | | | 0 |
| 28. Nebraska | NE | | | | | | 0 |
| 29. Nevada | NV | | | | | | 0 |
| 30. New Hampshire | NH | | | | | | 0 |
| 31. New Jersey | NJ | | | | | | 0 |
| 32. New Mexico | NM | | | | | | 0 |
| 33. New York | NY | | | | | | 0 |
| 34. North Carolina | NC | | | | | | 0 |
| 35. North Dakota | ND | | | | | | 0 |
| 36. Ohio | OH | | | | | | 0 |
| 37. Oklahoma | OK | | | | | | 0 |
| 38. Oregon | OR | | | | | | 0 |
| 39. Pennsylvania | PA | | | | | | 0 |
| 40. Rhode Island | RI | | | | | | 0 |
| 41. South Carolina | SC | | | | | | 0 |
| 42. South Dakota | SD | | | | | | 0 |
| 43. Tennessee | TN | | | | | | 0 |
| 44. Texas | TX | | | | | | 0 |
| 45. Utah | UT | | | | | | 0 |
| 46. Vermont | VT | | | | | | 0 |
| 47. Virginia | VA | | | | | | 0 |
| 48. Washington | WA | | | | | | 0 |
| 49. West Virginia | WV | | | | | | 0 |
| 50. Wisconsin | WI | | | | | | 0 |
| 51. Wyoming | WY | | | | | | 0 |
| 52. American Samoa | AS | | | | | | 0 |
| 53. Guam | GU | | | | | | 0 |
| 54. Puerto Rico | PR | | | | | | 0 |
| 55. U.S. Virgin Islands | VI | | | | | | 0 |
| 56. Northern Mariana Islands | MP | | | | | | 0 |
| 57. Canada | CN | | | | | | 0 |
| 58. Aggregate Other Alien | OT | | | | | | 0 |
| 59. Totals | | 0 | 0 | 0 | 0 | 0 | 0 |

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | Responses |
|---|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |YES..... |
| 2. Will an actuarial opinion be filed by March 1? |YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? |YES..... |

APRIL FILING

- | | |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? |YES..... |

JUNE FILING

- | | |
|--|---------------|
| 8. Will an audited financial report be filed by June 1? |YES..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? |YES..... |

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|--------------|
| 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 12. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 13. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |NO..... |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |NO..... |






APRIL FILING

- | | |
|---|--------------|
| 17. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 18. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 19. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? |NO..... |






EXPLANATION:

10.
11.
12.
13.
14.
15.
16.
17.
18.
19.

BAR CODE:

- | | |
|-----|--|
| 10. |  1 1 5 2 0 2 0 0 9 3 6 0 5 9 0 0 0 |
| 11. |  1 1 5 2 0 2 0 0 9 2 0 5 0 0 0 0 0 |
| 12. |  1 1 5 2 0 2 0 0 9 2 0 7 0 0 0 0 0 |
| 13. |  1 1 5 2 0 2 0 0 9 4 2 0 0 0 0 0 0 |
| 14. |  1 1 5 2 0 2 0 0 9 3 7 1 0 0 0 0 0 |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

| | |
|-----|--|
| 15. |  1 1 5 2 0 2 0 0 9 3 7 0 0 0 0 0 0 |
| 16. |  1 1 5 2 0 2 0 0 9 3 6 5 0 0 0 0 0 |
| 17. |  1 1 5 2 0 2 0 0 9 3 0 6 0 0 0 0 0 |
| 18. |  1 1 5 2 0 2 0 0 9 2 1 1 5 9 0 0 0 |
| 19. |  1 1 5 2 0 2 0 0 9 2 1 3 0 0 0 0 0 |

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